

**NATURAL AREAS
MANAGEMENT**

Name: _____ Affiliation: _____ Date: _____

Title: _____ undergrad _____ grad _____ faculty _____ rsch. assoc. _____ other _____

Address: _____

Phones: _____ Business _____ home _____ FAX _____

Co-investigators (names/affiliation): _____

Project start date:_____ finish:_____

Title of Research Project:_____

Funding source: _____

Names of all field personnel working on the project:_____

Proposed Park research site(s) (attach map of site with indicated areas): _____

Study Subject(s) (organism, community, physical feature, archaeology, etc.): _____

Description of on-site research activities including number of field personnel, frequency/timing of site visits, etc. (attach sheets as needed): _____

More space provided on next page

Potential impacts/disturbances to plants, animals, environment:_____

Describe all markings, flags, tape, tags, numbering, and their locations (use site map if needed):_____

What conditions (access, exotic plant control, wildlife exclusion, insect control, etc.) do you require within your study location?_____

SAMPLING/COLLECTING INFORMATION

Describe any sampling or collecting needs associated with your research:_____

Numbers and types of organisms to be collected:_____

'Describe sampling/collection methods (trapping, cutting branches, seed traps, etc.):_____

Proposed disposition of collected specimens:_____

Do you have a federal, state, or other agency research/collecting permit? YES NO
If yes, please attach a copy.

Please send completed application and all additional items to:

Research Review Committee
Miami Dade Parks Natural Areas Management
22200 SW 137 Ave.
Miami, FL 33170

Phone: 305-257-0933
Fax: 305-257-1086